

**NORTH CAROLINA STATE LAB OF PUBLIC HEALTH
CHEMICAL TERRORISM BLOOD SPECIMEN COLLECTION AND SHIPPING MANIFEST**

DATE SHIPPED: _____		
SHIPPED BY: _____		
CONTACT TELEPHONE: _____		
SIGNATURE: _____		
DATE RECEIVED _____		
RECEIVED BY: _____		
SIGNATURE: _____		
TOTAL NUMBER OF SPECIMENS IN THIS CONTAINER:	PURPLE -TOP TUBES:	
	GREEN/GRAY-TOP TUBES:	
TOTAL NUMBER OF BLANK TUBES PROVIDED IN THIS CONTAINER:	PURPLE-TOP TUBES:	
	GREEN/GRAY-TOP TUBES:	
COMMENTS:		

SHIPPING ADDRESS: NCSLPH
 Attention: Chemical Terrorism and Threat Unit
 4312 District Drive
 RALEIGH, NC 27607
 (919)807-8571
 (919)602-2481 (24/7 Emergency phone)

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PLACE A <input type="checkbox"/> IN EACH BOX FOR SAMPLES SHIPPED-PLACE AN <input type="checkbox"/> IN EACH BOX FOR SAMPLES NOT SHIPPED					
PLEASE INDICATE THE SIZE OF THE TUBE COLLECTED (5 OR 7 mL), AND THE DATE/TIME THAT THE SPECIMEN WAS COLLECTED IN THE COMMENTS					
PT = PURPLE-TOP GT= GREEN/GRAY-TOP					
Patient/Victim ID Label	PT 1	PT 2	PT 3	GT	Comments:
					_____ _____ _____

Note: Please include 2 empty purple-top tubes and 2 empty green/gray-top tubes from each lot number collected for background contamination measurement.

Packed by(print):	Signature:
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